

7012 2210 0000 6252 7760

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

13-211 FUCHALH USE

Postage	\$ 46
Certified Fee	310
Return Receipt Fee (Endorsement Required)	255
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 611

RECEIVED
Postmark Here

APR 18 2004

Sent To
 David Lehmkuhl
 Street, Apt. No.,
 or PO Box No. 551 Observer Hwy Apt 15N
 City, State, ZIP+4 Hoboken NJ 07030

PS Form 3800, August 2005

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 13-211 LH NOH

David W Lehmkuhl
 551 Observer Hwy, Apt 15N
 Hoboken, NJ 07030

2. Article Number

(Transfer from service label)

7012 2210 0000 6252 7760

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Agent Address
- B. Received by (Printed Name) *Troyed Seale* C. Date of Delivery
- D. Is delivery different from item 1? Yes No
 If YES, enter delivery address below:

RECEIVED
4-25-04

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 13-211 LH NOH

David W Lehmkuhl
 800 Elizabeth Street
 Key West, FL 33040

2. Article Number

(Transfer from service label)

7012 2210 0000 6252 7777

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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RECEIVED
Postmark Here

APR 18 2004

Sent To
 David Lehmkuhl
 Street, Apt. No.,
 or PO Box No. 800 Elizabeth
 City, State, ZIP+4 KW FL 33040

PS Form 3800, August 2005

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Agent Address
- B. Received by (Printed Name) *Sette Andrade* C. Date of Delivery *2-22-03*
- D. Is delivery different from item 1? Yes No
 If YES, enter delivery address below:

RECEIVED
APR 22 2004

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes